

8.

THE CLARE HALL

Small Pox and Vaccination

HOSPITAL,

SOUTH MYMS, BARNET

(Late of Highgate Hill, Holloway), London, N.

REPORT

OF THE

HOUSE COMMITTEE


AND

MEDICAL OFFICERS,

For the year 1900.

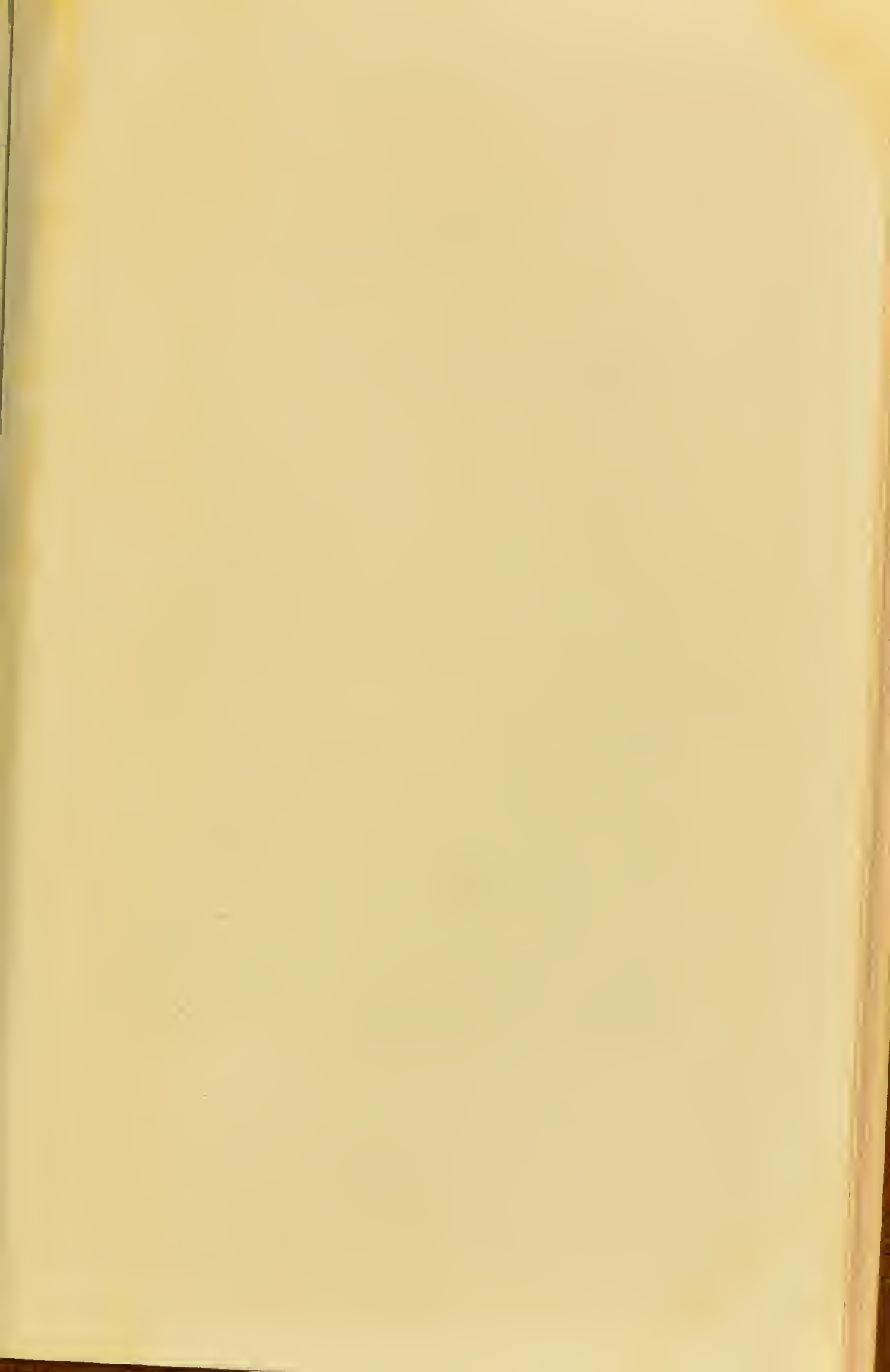
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VIEW OF ADMINISTRATION BUILDING.

THE CLARE HALL
SMALL POX AND VACCINATION
HOSPITAL,
SOUTH MYMS, BARNET.

President.

THE RT. HON. THE SPEAKER OF THE HOUSE
OF COMMONS.

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REVD. H. TOWNSEND.

Physician.

C. A. INNES, Esq., M.D.

Resident Surgeon.

E. CARNALL, Esq.

Auditors of Accounts.

MESSRS. ASHDOWN & ASHDOWN.

Architect and Surveyor.

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W. A. WATERLOW, Esq.

C. A. INNES, Esq., M.D.

E. CARNALL, Esq.

C. M. WILKINS, Esq.

CLARE HALL SMALL POX HOSPITAL,

SOUTH MYMS, BARNET.

SCHEDULE OF CHARGES FOR PRIVATE PATIENTS.

	£	s.	d.
Ambulance	2	2	0
Plus Nurse, if required	1	1	0
Usual charge (for case Ordinary Ward)	5	5	0
Private Ward, 5 guineas per week, with a minimum Fee of	21	0	0

PAYABLE IN ADVANCE OR ON ADMISSION.

Telegrams:—VARIOLA, SOUTH MYMS.

N.B.—*CASES ONLY TAKEN IF ROOM.*

By order of the Committee,

C. M. WILKINS,

Secretary.

Dated January, 1902.

THE CLARE HALL
SMALL POX AND VACCINATION
HOSPITAL,
SOUTH MYMS, BARNET.

THIS Hospital was established in 1746 for the special relief of persons afflicted with a disease then justly considered as the most fearful of the many which ravages mankind.

Until 1850 the Hospital was situated in the neighbourhood of King's Cross. When the Great Northern Railway eventually acquired the site of the Hospital, in order to erect the present King's Cross Railway Terminus thereon, the Hospital was removed to Highgate Hill, Upper Holloway, where a new building was erected. It remained there until the close of 1896. In the interval the immediate neighbourhood had become very densely populated, and the Governors of the Hospital thought it expedient, in the best interests of both the general public and the Hospital, to remove to an airier, more open, and more isolated position. They accordingly disposed of the Highgate Hill site, and secured another on advantageous terms at Clare Hall, South Myms. This situation was selected

(after mature deliberation, fortified by the opinion of experts) as the best available in the vicinity of London. A good dwelling-house existed on the estate, which was utilized for temporary purposes; but a new Hospital, meeting every modern medical and scientific requirement has now been erected, which the Committee think will be found to afford every accommodation for the treatment and comfort of patients.

Of all the diseases incident to these temperate regions, none have proved so distressing to the sufferer, or so alarming to others, as Small Pox; there are none that so imperatively demand immediate and effective aid. The contagion of Small Pox is so much dreaded, that families of every class are thrown into the utmost consternation and anxiety when it appears among them. The Small Pox Hospital was established to assist families thus circumstanced, and to give a ready asylum to the victims of the disease. It is supplemental to all general hospitals, and, so to speak, in substitution of them, for it receives sufferers from a loathsome and highly infectious disease, whom the rules of such hospitals expressly and prudentially exclude.

The usefulness of the Small Pox Hospital is twofold; in the first place, it shelters and receives those who have the misfortune to be attacked by Small Pox, and so, by removing them from their homes, preventing each individual case from becoming a special centre of infection and danger to all around them; and secondly, it labours to prevent this disease by means of Vaccination and Re-vaccination.

To meet the first of these objects, the doors of the Hospital stand ever open for the admission of patients. A telegram addressed to "Variola, South Mymms," will secure the attendance of the ambulance from the Hospital at any address in London,

accompanied by a nurse and all appliances for the transfer of the patient. In furtherance of its second object, that of preventing Small Pox, Vaccination and Re-vaccination are performed gratuitously on all who apply at 83, Highgate Hill, Upper Holloway, N., between the hours of 2 p.m. and 3 p.m. on Mondays.

So long as Small Pox exists in the Metropolis—and the disease is never entirely absent—this Hospital must possess peculiar claims on the active benevolence and charity of both public bodies and private individuals. It is an Institution especially suited for those whom the parish hospitals are not designed to accommodate, affording the means of complete isolation, while it also assures them the comfort of a well-managed sick room and the best medical treatment.

The interior management of the Hospital, in all its departments, is the constant subject of the Committee's attention, who are well satisfied that the officers, nurses and servants are faithful, skilful, competent and active in their respective duties.

The above-mentioned are some of the many advantages which the Small Pox and Vaccination Hospital holds out, and the grounds on which it bases its claim to public patronage. To give some idea of the extent of benefit which has already been obtained through its means, it is sufficient to state that since its institution it has afforded relief to upwards of 260,000 patients, and that *at times when Small Pox has been epidemic in London, it has received into its wards, within one year, more than 2,000 persons suffering from that disease.*

The Committee being deeply impressed with the utility and the necessity for the continued existence of the Hospital, are anxious to recommend it to the kindly support of the public,

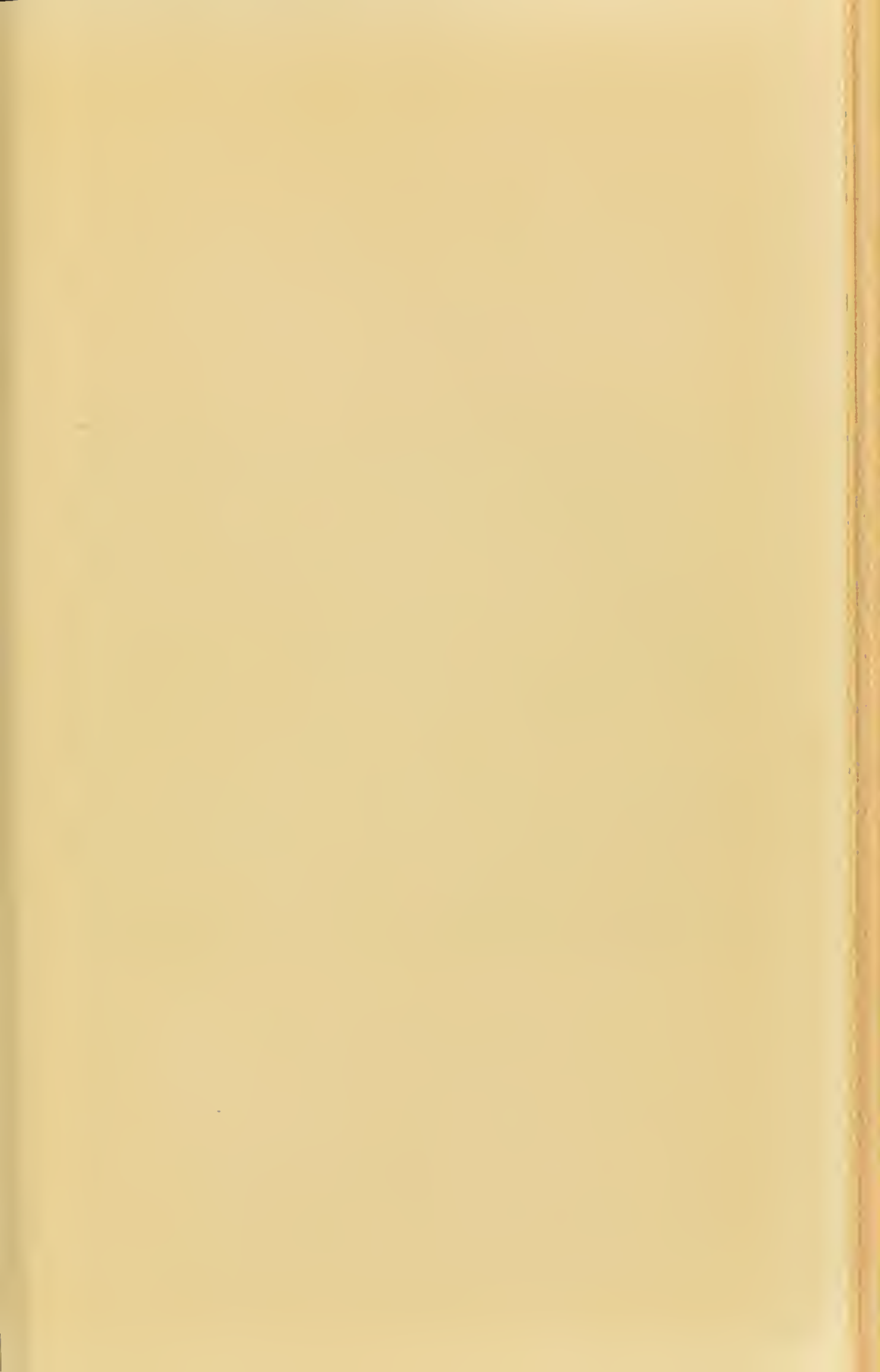
who are urged to preserve and increase its funded capital by donations and subscriptions. It is only thus that it can continue to render undiminished effective aid in coping with a terrible disease. The humane and beneficent design of its original founders in 1745—that of providing a proper asylum for those afflicted with Small Pox—has ever been held in view by the Governors of the Institutions during the 140 years that have since elapsed, and they trust it may long flourish without curtailment or the diminution of its usefulness.

It seems more than probable that the lax views held on vaccination, and the weakness of legislators in failing to emphasize its importance, will tend at no remote date to the recrudescence of Small Pox. The Governors of the Hospital are ever ready to give their help in combating this disease, and have established in London a Vaccination Station at 83, Highgate Hill, Upper Holloway, N., where protection, which in their opinion is indispensable, may be afforded gratuitously to the poorer classes on Mondays between 2 and 3 p.m. The Committee have for some time past been contemplating an extension of the usefulness of their Institution, and propose to take in from time to time various patients who have reached the convalescent stage, and whose recovery may be expedited and emphasized by a short stay in good country air, and with this object steps are being taken to establish a small Cottage Convalescent Home in a healthy neighbourhood, and they are now happy to announce that they have secured a country property which they hope will be a first step towards the desired end. It is their idea (*inter alia*) to make a beginning by placing a certain amount of accommodation at the disposal of Hospital Nurses who are in need of a quiet and restful holiday. Should the experiment prove successful, the Committee hope to be able to extend it in the near future.

The following Table shows the fluctuations of Small Pox since the year 1850, the figures representing the number of patients admitted into the Hospital for each year :—

In 1850— 314.	In 1876—191.
„ 1851— 682.	„ 1877—632.
„ 1852— 800.	„ 1878—399.
„ 1853— 143.	„ 1879—146.
„ 1854— 714.	„ 1880—188.
„ 1855— 972.	„ 1881—743.
„ 1856— 625.	„ 1882—184.
„ 1857— 212.	„ 1883— 79.
„ 1858— 368.	„ 1884—490.
„ 1859—1189.	„ 1885—584.
„ 1860— 857.	„ 1886— 19.
„ 1861— 289.	„ 1887— 4.
„ 1862— 417.	„ 1888— 6.
„ 1863—1537.	„ 1889— 6.
„ 1864— 836.	„ 1890— 3.
„ 1865—1219.	„ 1891— 6.
„ 1866—2069.	„ 1892— 49.
„ 1867—1626.	„ 1893—176.
„ 1868—1026.	„ 1894—114.
„ 1869— 493.	„ 1895— 31.
„ 1870—1316.	„ 1896— 29.
„ 1871— 962.	„ 1897— 8.
„ 1872— 198.	„ 1898— 0.
„ 1873— 21.	„ 1899— 9.
„ 1874— 19.	„ 1900— 13.
„ 1875— 13.	







VIEW OF A WARD IN THE NEW BUILDINGS.

CLARE HALL HOSPITAL.

REPORT

OF THE

MEDICAL OFFICERS OF THE SMALL POX AND VACCINATION HOSPITAL.

PRESENTED TO THE COURT OF GOVERNORS,

ON THE 2ND DAY OF APRIL, 1901.

*To the President and Vice-President and Governors of the
Small Pox and Vaccination Hospital.*

There is no event that calls for very special notice during the past year. We have happily been free from any serious epidemic, and the general conditions of our work have varied but little from those of preceding years.

On the night of December 31st, 1900, there were no cases in the wards.

During the year 1900 the patients admitted under our care only reached the number of 13.

Of these 13 cases admitted, seven were females and six males.

All were vaccinated and showed marks, except females and three males.

Of these 13 cases there were four not Small Pox, but cases of febrile eruptive disease, not readily distinguished in their early stages from that disease.

These comprised :—

Urticaria	...	...	...	1
Acne	...	...	...	1
Varicella	...	...	...	1
Pustular Syphilis	...	...	...	1
				—
				4

All these recovered and left the Hospital well.

Of the nine cases of Small Pox for which we have now to account, there were four males and five females.

Of these nine cases of Small Pox four had been vaccinated and five unvaccinated. The five unvaccinated cases were confluent and severe, but four recovered.

The four vaccinated cases comprised :—

Confluent	...	...	...	1
Confluent modified	...	...	...	1
Discrete modified	...	...	...	2
				—
				4

The mortality has been small. In the nine cases of Small Pox there was one death.

Four unvaccinated cases, as before stated, recovered. The only cases which call for any special remarks are the unvaccinated, in which we, as a Small Pox Hospital, always feel interest.

The three Bensards—

Joseph, age 15

Frederick, age 5

Dorothy, age 8

were admitted on the 19th February with the eruption at its height. The two boys had severe confluent Small Pox—one modified, the other unmodified.

They both suffered from severe Secondary Fever, with affection of the eyes, and Frederick's life hung in the balance for days, but both made good recoveries and were discharged on March 23rd, 1900. The girl had a mild attack of Discrete Modified Small Pox, which calls for no special remark, except as showing how the disease attacked different members of the same family, all being under the same condition of life.

The only case of real interest during the year was that of J. W. Stamp, age 19, clerk, unvaccinated, who was admitted on February 19th, and died on March 17th. Case of unmodified Confluent Small Pox. The eruption which had appeared three days before admission to us, was fully marked and diffuse. Temperature 100° F. The Secondary Fever was very severe. The temperature ranged from 102 to 105, and only fell to 99° two days before his death, except under the influence of drugs, which grave condition showed that the end was near (copy of Chart enclosed in Report). On 16th day after admission he was seized with violent pain in the eye. Acute Inflammation followed, by Ulceration of Cornea with perforation and collapse of eye-ball and complete loss of the sight. Dr. Davis, Assistant to Dr. Adams, F.R.C.S., 180, Aldersgate Street, was called in for consultation, he is a gentleman experienced in eye diseases and just returned from Hull, where he had charge of the Small Pox Hospital. He visited the Hospital twice.

The cause of death was Phthisis and Syncope following on an attack of Small Pox, but whether there was any previous tendency to the disease we failed to find out.

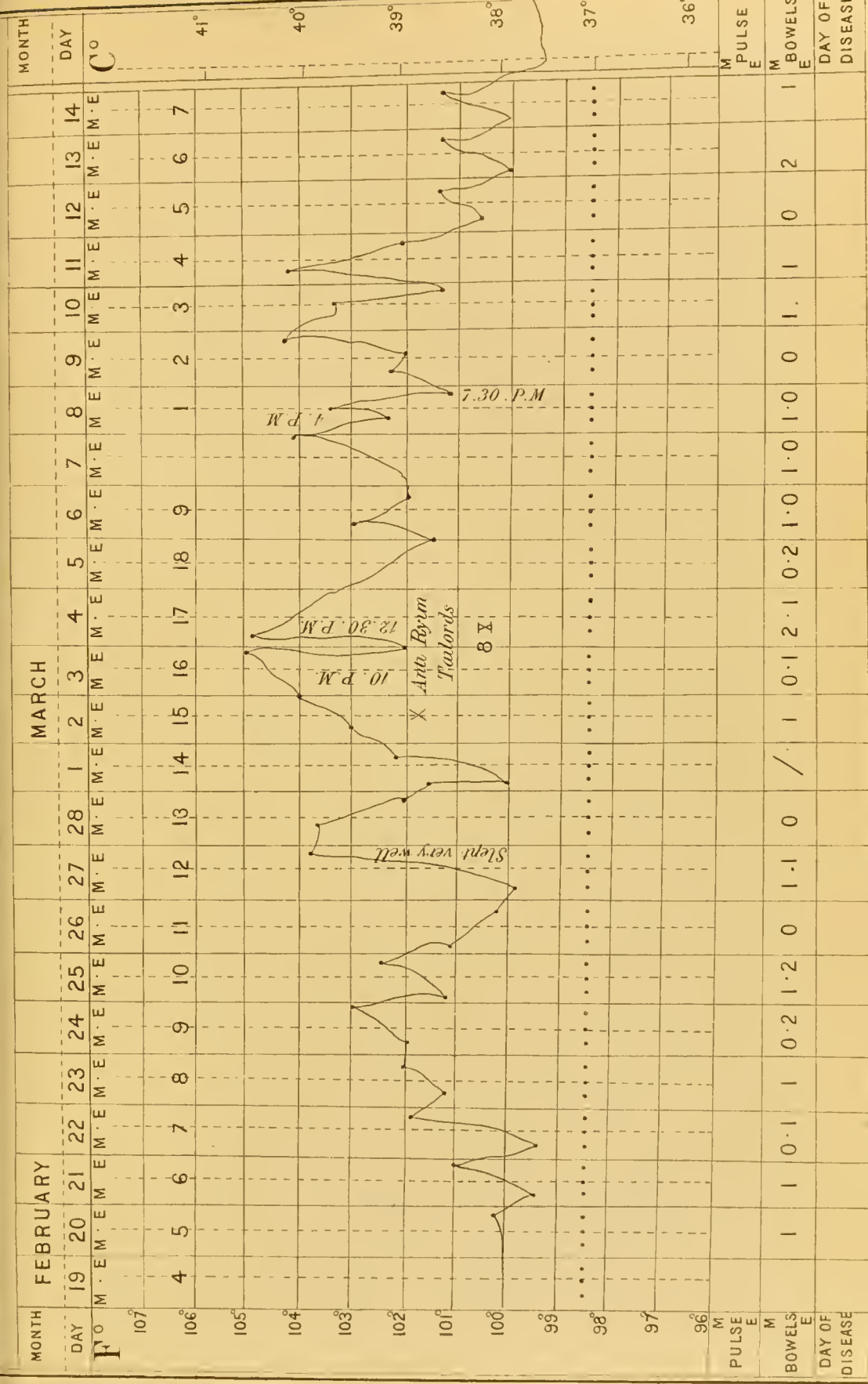
It seems almost needless to premise that the Small Pox is of all maladies that which during the last thousand years has destroyed the largest portion of the human species and been productive of the largest share of human misery. There is, perhaps, no disease over which medical science has less power; and this power, such as it is, has consisted more in abolishing pernicious practices than in ascertaining any positive methods of diminishing its fatality, unless we except the inoculation of it with its own virus. But, though the beneficial effect of this on those on whom it is actually practised is undeniable, it has no tendency like vaccination to extirpate the disease; and from the impossibility of rendering it universal, it has actually been found to add to the general mortality of Small Pox by opening a new source for the diffusion of its virus.

It ought to be stated also, with a view to a decision on this question, that vaccination itself ought to be attended with no danger, and frequently takes effect without any visible disturbance in the system. There is even reason to believe that in its process it wards off other diseases, by pre-occupying the constitution.

One of the most essential and characteristic laws of Small Pox itself, namely, that of its affecting the human subject but once in life, appears to be rarely violated. Nevertheless it cannot be denied that one attack is not in all cases a complete security against recurrence. But even if the exceptions were more frequent, this can constitute no objection to the practice of vaccination, so long as the extirpating power remains generally unimpaired and unimpeached.

JAMES WILSON STAMP

CONFLUENT





SMALL POX IN HULL, 1899.

The Annual Report of Dr. J. Wright Mason, Medical Officer of Health to the City and County of Kingston-upon-Hull, is quite an elaborate work, with its fine map of Hull, and various graphic coloured charts. The population of Hull is 234,270, and there were 144 deaths from Small Pox, but the death-rate from all causes was only 18 per 1,000 inhabitants. The number of cases of Small Pox notified was 836; 800 were admitted to Hospital. Of the 144 deaths, 10 occurred outside the hospitals. The cause of the epidemic was not made out, it was probably imported, as Dr. Mason thinks, from Russia, and it is highly improbable that it was due to a cargo of onions, as asserted by some persons. The outbreak of Small Pox lasted all the summer and autumn of 1899, and 644 houses were involved, containing 3,321 persons. Perhaps the most important part of the Report is the following information:—"Of the 671 vaccinated persons attacked, 70 died, equal to a fatality of 10·4 per cent.; of the unvaccinated, 64 died, equal to a fatality of 49·6 per cent. These 671 cases belong to the 800 attacked and admitted to Hospital. The total fatality was 16·7 per cent. of the attacks. Turning to the children, we find that of 66 attacked under 10 years of age, 18 were vaccinated, whilst the rest showed no evidence of vaccination. Amongst the 18 vaccinated children there was no mortality, whilst of the unvaccinated under 10 years of age 50 per cent. died. The tables given are analysed in the Report with the following conclusion: This demonstrates conclusively the protection afforded by primary vaccination, and that its value lessens in the course of time; and secondly, that re-vaccination becomes the only means of renewing protection." Dr. Mason adds—"These conclusions have been carefully derived from observation and facts, with an impartiality as to whether they would appear in favour of vaccination or

otherwise." This is the scientific spirit. Radical measures were adopted to stop the epidemic, amongst others, extensive vaccination; but there is evidently a slight mistake in the text of the Report on this point, for we are told—Of the 1,668 persons re-vaccinated, it should be noted that they consisted principally of persons above 10 years of age and unvaccinated children. An effort was made to ascertain the influence of the prevailing wind in diffusing Small Pox around a certain hospital situated amongst timber yards in Hull, and called Garrison Hospital. Into this hospital 394 cases were admitted from March to December. A diagram shows the percentages of the houses invaded by Small Pox within zones of half-a-mile, three-quarters of a mile, and one mile from the Hospital in three different directions. These percentages were greatest in the North-East direction, and the prevailing wind was South-West. These observations merit attention, though not decisive by themselves.

SMALL POX IN THE UNITED STATES.

According to the *Medical News*, the spread of Small Pox continues throughout most of the States. Up to the present time there have been reported 3,346 cases of this disease, as compared with 805 cases reported during the same period of time in 1899. The increase is particularly noticeable in Alaska, Colorado, Indiana, Louisiana, Minnesota, Isscas, North Carolina and Ohio. These last two States show a marked increase. In North Carolina, from May 1st to June 30th, 440 cases were reported, as contrasted with 68 during the same period of 1899, while during the first six months of 1900 Ohio has reported 1,353 cases, contrasted with a total of 20 cases for 1899 during the corresponding months.



116 French towns—57 deaths; nine million inhabitants nearly; deaths, 6·6 per million.

15 Swiss towns—five deaths; 660,000 inhabitants; deaths, 7·6 per million.

72 Belgian towns—62 deaths; over two million inhabitants; deaths, 25·7 per million.

58 Austrian towns—138 deaths; $3\frac{3}{4}$ million inhabitants; deaths, 36·4 per million.

If we take the German Small Pox town mortality as unity, then the other groups of towns show the following mortali-

tics :—English, 4; Dutch, 5; French, 22; Swiss, 25; Belgian, 86; and Austrian, 121 mortality, as compared with German towns.

The mortality in various cities is given in a table:—London, 1 death; Leeds, 2; Ghent, 6; Madrid, 26; Antwerp, 43; Warsaw, 313.

In Germany there was one death in each of three towns—Frankfort, Munich and Strassburg. No other town of over 15,000 had any deaths to show.



SMALL POX IN GERMANY IN 1898.

The following is a literal translation of the Report on the Small Pox mortality of 1898, by Dr. Burkhardt:—

In the year 1898 the mortality from Small Pox—namely, 15 deaths—although slightly higher than in the two previous years (five in 1897 and 10 in 1896) remains considerably lower than the average for the 10 years ending with the year 1895. Per million of population the deaths are as follows:—In 1898, 0.28; in 1897, 0.09; in 1896, 0.19; and in the decade named the average is 2.34 yearly.

The 15 deaths of the year 1898 belong to eleven distinct localities—namely, eight in Prussia, two in Bavaria, and one in Alsace. There was no great extension of the disease in any locality, and except that three deaths occurred in one district and two in another, the deaths were isolated. Nine of the deaths occurred near the frontier, and one fatal case was immigrant.

Of the 12 deaths in Prussia, eight occurred in districts adjacent to the Russian frontier, and one child died whose mother was a Russian immigrant. In Bavaria, one woman, aged 67, died in Munich; also a child near the Austrian frontier. In Alsace, one soldier died of Small Pox. (Regarding this last case, the next article in the volume is a Report on the Small Pox illnesses during the year 1898, which informs us that the soldier had been successfully re-vaccinated a year before he was admitted to Fort Bismarck, in Wolfisheim, with Discrete Small Pox. He was removed to the Garrison Hospital at Strassburg, and died there after inflammation of the lungs had set in.)


SMALL POX IN PARIS.

One result of the Paris Exhibition is, according to the *Semaine Medicale*, a threatened epidemic of Small Pox in Paris. The disease, which caused only four deaths in that city in 1899, and 15 from January 1st to the end of May, 1900, began to increase in prevalence in June. The number of cases and deaths has since that time increased week by week to such an extent that in the week October 28th to November the 3rd there were 14 deaths from Small Pox. The total mortality from this cause during the period of the Exhibition from June to November was just 100, as against 15 in the first five months of the year. The Prefect of Police has ordered notices to be placed on the walls of Paris calling public attention to the danger, and pointing out the measures taken by the Administration for the check of the epidemic, namely, gratuitous vaccination or re-vaccination.

Thriving communities tend to growth, and the needs for hospital accommodation grow with them; and though the hope may not unreasonably be entertained that, as one result of a widespread improvement in sanitary conditions the incidence of infectious disease, whether stationary or occasional, may by-and-by be materially reduced, if not eradicated, it is a safe course, meantime, to provide for the possible contingency, now and again arising, of temporary increase of the former, while for the more erratic visitations of such epidemics as Cholera and Small Pox, it is, on the whole, desirable that provisions should, if possible, be made on a separate site with a moderate measure of permanent accommodation which might in some cases suffice for

stamping out the evil immediately it appears, but failing this, would at least be of advantage as the nucleus for a more extended arrangement to meet the requirements of the case. But where a site for special emergencies cannot be secured apart, the endeavour should be to arrange the general plan of the more permanent buildings so as to leave a convenient section of the ground as remote as possible for such special visitations.

There are not many localities nowadays which neglect to provide accommodation for infectious cases, and, moreover, most local authorities are now sufficiently wise to avail themselves of the advantage of a joint institution serving several districts. But there are yet a few laggards in the field, and their sins of omission may any day be brought home to them. This is the case with Burghead, in Morayshire, where some cases of Small Pox have occurred. Burghead refused to join in the provisions of an infectious diseases hospital for the burgh of Elgin. Now they are compelled to ask for accommodation in this Hospital, and they must pay five guineas a week for each patient. If the outbreak spreads no further, the expense will not after all be very considerable, but if it does, Burghead may learn now that amalgamation comes cheapest in the end.



THE ISOLATION OF SMALL POX.

A recent Report by Dr. James Wheatley, M.O.H. for Blackburn, gives some account of an outbreak of Small Pox in that district which illustrates the difficulty of complete isolation. In a total of 23 cases three were only discovered three weeks after the illness had commenced, and one of these appears to have been responsible for the direct infection of 13 cases, and the indirect infection of four more. Again, the necessity for frequent and detailed inspection is seen in the fact that of 22 cases coming under notice in the month ending August 4th, only seven were notified in the ordinary way; the remainder were ferreted out by the Sanitary Staff. No vaccinated child under 11 years was attacked, although many were exposed to infection, nor any person re-vaccinated within four days of exposure, though two vaccinated respectively after five and seven days had modified attacks. The fatal cases were that of a woman, age 38, with no evidence of vaccination, and that of a man, aged 47, with two fairly distinct marks.

SMALL POX IN GERMANY, 1896 AND 1897.

The official statistics of the Imperial Health Office, Berlin, recently published, contain a chapter on the mortality from Small Pox during the year 1897.

It appears that there were actually only five Small Pox deaths in the whole Empire during the year, while in the previous year there were only ten; in 1895 the number was 27, and the yearly average for the decade 1886-95 is 116. The population is now 53,000,000; thus the Small Pox mortality during the year 1897 is 0.1 per 1,000,000. Of the above five deaths, only one occurred in a large town—Berlin.

There are 270 towns and communities of the German Empire, having each a population over 15,000, and in only one of these did a death from Small Pox occur. This is a very remarkable result. It is true that the one fatal case in Berlin was that of a woman, aged 35, who was certified as having been successfully re-vaccinated at the age of 12 years. But these exceptional individual cases do occasionally occur, and there is no report as to the number or character of vaccine cicatrices in this case. The important point is that no one else died in Berlin of the disease; in fact, all five deaths occurred in five separate districts of Prussia, the rest of the German Empire being without any Small Pox mortality. As to the remaining four deaths, two children under two years old died near the Russian frontier; nothing is known as to their "vaccination condition," but it would probably be safe to assume that they were unvaccinated; one unvaccinated child died near the Austrian frontier (this child had been over the

frontier eleven days before the attack), whilst the fifth case was that of a little girl four years old, who had been vaccinated successfully during the first year of life, but who showed only two indistinct cicatrices.

Five Small Pox deaths in a population of 53,000,000? Well may the German Government point with pride to the very gratifying result of the thoroughness with which the vaccination law is put into effect year after year. This law, it will be remembered, ordains re-vaccination as well as primary vaccination.

The German vaccination practice is the only rational consequence of the knowledge of the behaviour of Small Pox with regard to vaccination, which a century of experience has given to the world.

Full statistics for the rest of Europe are not yet published, but we can compare several countries as to urban Small Pox mortalities in towns, that is to say, with over 15,000 inhabitants; as already said, one town in Germany had one death.

It appears that in the towns of the Netherlands the Small Pox mortality was seven-fold greater, of England sixteen-fold, of Belgium twenty-one fold, of France 123-fold, and of Austria 247-fold greater.

In Hull the deaths from vaccinated cases yield a death rate of 9·5 per cent., ordinary 5 per cent.

Those showing no evidence of vaccination 50 per cent.
Ordinary 25 per cent.



SMALL POX IN CAPE COLONY.

In his able account of South Africa, Mr. Theal gives some interesting facts as to the first appearance of Small Pox in Cape Colony in March, 1713. The disease was introduced by clothing belonging to shipping people who had been ill on the passage from India, but who had recovered before arriving at Table Bay. The clothing was sent to the Dutch East India Company's slave lodge to be washed. The women who handled it were the first to be attacked. The disease then spread to the Europeans and natives, the death-rate being of course very high. The historian states that in May and June there was hardly a family in the town that had not some one sick or dead. Nearly one-fourth of the European inhabitants perished in the country districts. The disease was less severely felt owing to the sparse population. Among the free blacks the mortality was very great, the Hottentots suffering most. Whole kraals disappeared without leaving a single representative. There was a second outbreak in the winter of 1755, the disease being this time introduced by a homeward-bound fleet from Ceylon, also a Dutch colony at that time. Mr. Theal remarks that at first the disease was supposed to be a kind of fever, but, after a few days, there were cases that admitted of no doubt. It assumed various forms, and among some of the distant Hottentot tribes differed so much from what was held to be true Small Pox that the European termed it gall-sickness.

Whether this outbreak was due to Small Pox or to some other disease (Cholera or Bubonic Plague) cannot be made out from the necessarily scant details given in Mr. Theal's "South Africa."

According to Tembu traditions, the territory between the Kei and the Bashee was almost depopulated by the Small Pox.

A LETTER FROM A CONVERTED ANTI-VACCINATIONIST.

“DEAR SIR,

“In answer to yours of the 23rd inst., I am sorry to acquaint you with the facts of the case. I was an anti-vaccinator before that dreadful disease Small Pox set its foot into my home.

“First it attacked my daughter, and when I called the doctor in to attend, his first words were: ‘This is an unvaccinated case of Small Pox. This child is unvaccinated and this is what you are reaping.’ Well, Sir, that doctor had never seen that child before. From then I began to alter my opinion as regards vaccination. To tell the truth my wife, my eldest daughter, and myself got vaccinated. My son was ill with bronchitis and the doctor would not do him. My eldest daughter would not take, but she had been done when an infant, and was under ten years of age. My wife and myself took the vaccination, and at the same time we had the Small Pox on us. My daughter died on December 12th, and on December 16th my wife, myself, and son were taken to the hospital, and on the 20th my son died. So you will see that both my children who were unvaccinated took Small Pox and died.

“My wife and myself were vaccinated as infants and re-vaccinated, to which I owe my life. In regard to the unvaccinated cases, they are a cruel sight to see, and ought to be a lesson to all honest-minded people that have seen them suffer.

“My wife and myself are as strong now for vaccination as we were against it.

“Seeing what we have seen in the hospital will open one’s eyes.

"I can say this for re-vaccination, it is a very stimulating thing for Small Pox. It is one of the best safeguards the public can take.

"Yours truly,

"W. J. TAYLOR.

"WALLER STREET,

"HULL."

E. A. INNES, M.D.,
Physician.

EDWARD CARNALL, M.R.C.S. Eng., L.R.C.P.,
Surgeon to the Hospital.

RECEIPTS AND PAYMENTS ACCOUNT, from January 1st to December 31st, 1900.

Payments.		£	s.	d.	Receipts.		£	s.	d.
To Thames Bank, Marlow, Upkeep and General Expenses from date of Purchase ...	...	327	2	5	By Rents received ...	...	646	9	11
" House and Garden Expenses ...	...	90	9	0	" Interests ...	...	787	15	5
" Wages ...	...	289	15	4	" Dividends ...	...	1,159	18	11
" Salaries ...	...	698	18	0	" Subscriptions ...	...	15	15	0
" Incidental and Petty Expenses ...	...	271	4	8	" Donations ...	...	29	9	0
" Housekeeping Expenses ...	...	586	7	6	" Legacies ...	Nil	326	18	0
" Dispensary Account ...	...	6	8	7	" Admission of Patients ...	...	246	16	9
" Repairs ...	...	217	4	4	" Balance of Payments over Receipts ...	...		
" Insurance ...	...	37	5	5	" carried to Capital Account	...			
" Stationery ...	...	48	7	6					
" Rates, Taxes, Tithe and Water ...	...	121	12	7					
" Expenses of appointment of two new Trustees...	...	205	4	6					
" Law Costs (General) ...	...	131	7	8					
" Auditors' Fees ...	...	26	15	6					
" Pensions ...	...	155	0	0					
		£3,213	3	0			£3,213	3	0



VIEW OF NEW HOSPITAL BUILDINGS.

Privileges of Members.

Donors of 50 guineas and Annual Subscribers of 5 guineas.	}	Entitled to admit	{	1 patient free, 3 at reduced fee of 3 guineas.
Donors of 10 guineas and Annual Subscribers of 2 guineas.	}	Entitled to admit	{	2 patients at reduced fee of 3 guineas.
Annual Subscribers of 1 guinea.	}	Entitled to admit	{	1 patient at reduced fee of 3 guineas.

All persons seven years of age or upwards suffering from Small Pox are deemed proper objects of this Charity as In-Patients.

Patients may be admitted every day, without the recommendation of a Member, on payment of the prescribed fee (of Five Guineas) for each Patient, provided that, in the opinion of the Resident Medical Officer, there is room in the Hospital. The hours of admission for all Patients are from 8 a.m. to 6 p.m.

Form of Bequest.

Those who choose to be benefactors by their last Will are solicited to adhere to the following form:—

I give and bequeath to the Treasurer for the time being of the Small Pox and Vaccination Hospital at Clare Hall, South Mymms, Barnet, in the County of Middlesex, to be applied towards carrying on the charitable design of the said Hospital, the sum of £ *to be paid out of such part of my personal estate as may be applicable to the payment of charitable legacies.*

N.B.—Devising lands, leases, houses, money due on mortgage, and money or stock to be laid out in land, for the benefit of any charity, is made void by the Statute of Mortmain, 9 Geo. II. c. 16.

at the commencement of school life only, when compared with (c) Non-enforcement of Vaccination.

(a)

(b)

(c)

PRUSSIA.

*With Compulsory Vaccination
and Compulsory Re-Vaccination
at the Age of 12*

HOLLAND.

*With Compulsory
Vaccination of Children
before entering a school*

AUSTRIA.

*Without compulsory
Vaccination.*



The above diagram, originally prepared by the late Dr. Carsten, of The Hague, is reproduced, by permission, from Dr. Cory's "Lectures on the Theory and Practice of Vaccination."

